Performance

Report

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| Name of service: | Peace Haven |
| Service address: | 185 Penquite Road NORWOOD TAS 7250 |
| Commission ID: | 8824 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 28 August 2023 to 31 August 2023 |
| Performance report date: | 06 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Peace Haven (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

The service did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, with their identity valued. Staff demonstrated knowledge of consumers background and explained how they treated consumers with dignity and respect, for example, by understanding consumers’ values and describing ways it influenced the delivery of care and services. Staff were observed respectfully interacting with consumers, such as calling consumers by their preferred name.

Consumers and representatives said the service was respectful of consumers’ culture, beliefs, and values. Staff explained how they tailored care and services to support consumers’ culture, such as celebrating cultural days of significance through activities and events. The service’s policy and procedure outlined the service’s commitment to providing a culturally safe environment for consumers.

Consumers considered they were supported to make decisions, including who they would like to involve. Staff described how they supported consumers to make and communicate their decisions, such as for consumers’ preferences when delivering care. Consumers advised they were able to maintain connections and relationships of importance. Staff described how they supported consumers’ connections and relationships, and care planning documentation contained strategies to support consumers’ choice and independence.

Consumers said they were supported to take risks, and care planning documentation included risk mitigation strategies to support consumers. Management and staff described how they supported consumers’ choices, through consultation and risk assessment processes. Policies and procedures outlined the service’s commitment in supporting consumers to live life on their terms, including supporting consumers’ decisions to do things with an element of risk.

Consumers and representatives said consumers received information in an easy to understand and timely manner which helped them make decisions. Staff explained how they tailored information to support consumers’ diverse communication needs, such as referring to non-verbal cues and reading body language. Information was observed throughout the service environment to support consumers in making decisions about care and services.

Consumers considered the service was respectful of their privacy, including the confidentiality of their personal information. Staff described how they respected consumers’ personal privacy, and processes in place to maintain the confidentiality of personal information. Staff were observed following privacy protocols and respecting consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the assessment and planning processes in place which considered risks to consumers, to inform the delivery of safe, effective care and services. Staff had access to guidelines and clinical assessment tools to consider risks to consumers, and care planning documentation reflected risks were considered with personalised strategies implemented.

Consumers and staff said consumers’ needs, goals, and preferences were regularly discussed, including advance care directives and end of life wishes. Management advised advance care planning was discussed upon admission to the service and during care plan reviews. Care planning documentation identified and addressed consumers’ needs, goals, and preferences, and advance care wishes.

Consumers and representatives said they were involved in the regular review of the consumers’ care and services, and included others they wished to involve, such as external specialists. Management described how they partnered with consumers and others, including other providers, in the assessment, planning, and review of care and services. Care planning documentation evidenced consumers and others were regularly involved in care planning processes, consistent with feedback.

Staff said updates to care plans were communicated with consumers and others involved in their care through verbal and documented processes, and a copy of the care plan was offered. Documentation evidenced outcomes of assessment and planning were communicated with consumers, representatives, and with others responsible for care.

Consumers and representatives considered care and services were regularly reviewed, and were informed of circumstances requiring an updated care plan review, as evidenced in care planning documentation. Staff explained consumers’ care and services were reviewed every 3 months or when there was a change in circumstance, to ensure consumers’ needs, goals, or preferences were appropriately supported. Policies and procedures guided staff in the assessment, planning, and review of consumers’ care and services.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers’ received safe, effective personal and clinical care in line with their needs and preferences. Management and staff demonstrated awareness of legislative requirements and described ways to deliver best practice care. Care planning documentation reflected that consumers’ needs were considered in the delivery of safe, effective care to optimise their well-being. Staff said they were provided with support, training, and resources to deliver best practice care.

Management and staff said high-impact, high-prevalence risks to consumers were identified through assessment processes and risk mitigation strategies were incorporated into consumers’ care plan. Care planning documentation demonstrated high-impact, high-prevalence risks, such as diabetic management, were identified and included risk mitigation strategies implemented by staff. The service had a policy to support staff in the identification, mitigation, and management of risks.

Management explained how the delivery of care and services changed for consumers nearing end of life, and ways they supported consumers’ dignity and comfort. For example, management and staff said they closely monitored consumers nearing end of life, consulted palliative care specialists, and provided emotional support to consumers and their family. A representative for a consumer nearing end of life said the consumer’s needs were supported in a dignified and comfortable manner. Policies and procedures outlined staff responsibilities in the delivery of palliative care, with a focus on compassionate, person-centred, and evidenced based care.

Consumers and representatives said, and documentation evidenced deterioration or changes to consumers were identified and responded to in a timely manner. Staff explained how they identified changes or deterioration in consumers and what they would do in response, such as assessments, observations, and referrals to other providers of care and services. In addition, management and staff explained the escalation processes in place to respond to deterioration or changes in a timely manner.

Consumers and representatives considered consumers’ care needs and preferences were effectively communicated between staff and shared with others. Staff said they communicated and documented information about consumers in care planning documentation, shift handover reports, care conferences, and through verbal feedback.

Consumers and representative considered referrals were appropriately completed for individuals, organisations, and other providers of care and services. Management explained how they identified appropriate providers of care and services to support consumers, and the process in place to complete referrals in a timely manner. Care planning documentation reflected appropriate and timely referrals were completed.

The service had an Infection prevention and control lead, outbreak management plan, training, policies and procedures to support staff in the minimisation of infection-related risks. Staff described how they prevented and control infection-related risks, and promoted appropriate antibiotic prescribing. Documentation evidenced the service followed infection prevention and control protocols in practice, for example, during a COVID-19 outbreak. Staff were observed following infection prevention and control protocols, such as correctly wearing personal protective equipment.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said their daily living needs, goals, and preferences were supported, and the service aimed to optimise their independence, well-being, and quality of life. Staff explained how consumers’ feedback was incorporated into the provided lifestyle and daily living activities, to ensure consumers’ needs, goals, and preferences were met. In addition, staff explained how they tailored care and services to meet the diverse needs of the consumer cohort, including consumers with cognitive or mobility considerations. Care planning documentation included relevant information about consumers’ needs, goals, and preferences, and ways to effectively support consumers.

Staff said they were familiar with consumers and described how they supported consumers’ well-being, for example, providing emotional support, connecting consumers to spiritual and religious services, or completing assessments and referrals. Consumers said they received services and supports to promoted their well-being, and care planning documentation identified ways to support consumers’ emotional, spiritual, and psychological well-being.

Consumers said they were encouraged and supported to participate in activities of their choice within and outside the service, have personal and social relationships, and do things of interest. Staff described how they they engage with and get to know consumers to understand their needs and help facilitate connections. Consumers were observed participating in activities of interest and socialising with others.

Staff from differing areas of the service explained they communicated information about consumers though verbal and documented processes, such as updating care planning documentation, through meetings, communication books, and dietary preference forms. Staff were observed communicating and sharing information about consumers to support the delivery of care and services.

Consumers, representatives, and staff said consumers received timely and appropriate referrals to support consumers’ lifestyle and daily needs, such as volunteer services, pet therapy, and cooking classes. This was reflective in care planning documentation.

Management said, and documentation confirmed staff had access to consumers’ dietary information to support consumers’ dining experience. Management advised that consumers were able to provide feedback about the menu and meals through meetings and directly to staff. Overall, consumers and representatives considered meals were of varied and suitable quality, and quantity. In response to consumer and representative feedback about meal texture and variety, the service provided documented evidence of improvements underway, such as new recipe cards, staff training, and improvements to the dining experience. Kitchen staff described efforts to identify consumer food preferences and tailor meals accordingly.

Consumers said, and observations demonstrated, equipment was safe, comfortable, and well-maintained. Staff described having access to sufficient care equipment to meet consumer needs and explained how they maintained the safety and cleanliness of equipment, for example, by cleaning shared equipment, performing checks before using equipment, and reporting maintenance concerns. Staff explained the service had a preventative maintenance schedule and maintenance logs to ensure that the equipment was working and safe to use for consumers, and documentation confirmed reactive and preventative maintenance was up to date

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service was welcoming, easy to understand, and optimised their sense of belonging and independence. Staff advised they aimed to create a welcoming environment by building rapport, assisting consumers to maintain independence, and supporting consumers to voice their needs. The service environment was observed to be easy to navigate, with sufficient light and space, and consumer rooms were observed to be personalised with items the consumers brought to the service.

Consumers reflected that they felt comfortable within the service, found it clean and well maintained. Staff explained the processes in place to maintain the safety and cleanliness of service, including checking for and reporting hazards. Documentation confirmed maintenance was up to date. The service environment was observed to be clean and well maintained, with consumers freely moving in between indoor and outdoor areas.

Consumers advised that maintenance requests for equipment and other items were attended to in a timely manner. Staff advised they referred to consumers’ care plans to ensure equipment was suitable for the consumer, and performed equipment checks for safety. Staff described the processes in place to maintain the safety and cleanliness of furniture, fittings, and equipment. Documentation evidenced reactive and preventative maintenance was up to date and attended to in a timely manner. Fittings, furniture, and equipment were observed to be safe, clean, and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives advised they were aware of the complaints and feedback options available to them, and were comfortable in raising matters with staff. Management and staff described the different feedback and complaints pathways available for consumers and others. Staff described how they assisted consumers to provide feedback or make a complaint, such as providing support in filling out the feedback form. The service had several policies to support consumers, representatives, and others in providing feedback and complaints.

Consumers and representatives said they were aware of advocates, language services, and other ways to raise and resolve complaints, such as through the Commission. Management advised they informed consumers of alternative ways to raise and resolve complaints during admission to the service, within consumer meetings, and when complaints were made. Information was observed throughout the service environment to inform consumers of their feedback and complaints options.

Consumers and representatives said the service responded to their feedback or complaints appropriately and communicated with them to discuss their concerns. Management and staff described the principles of open disclosure, which included: listening to what the issue was and desired outcome, offering an apology and being transparent, and working with the affected parties to resolve matters. Documentation evidenced feedback and complaints were responded to in a prompt and appropriate manner, with concerns acknowledged, an apology provided, and actions put into place to minimise recurrence.

Consumers and representatives considered feedback and complaints were used to make improvements to care and services, describing positive outcomes. Documentation reflected that feedback and complaints were used to inform improvements to care and services, such as improvements to tailored and personalised care, including dementia related care. The service had a policy which outlined the process of reviewing feedback and complaints to inform continuous improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives advised there was adequate staffing at the service and consumers’ calls for assistance were answered promptly. Management described the workforce planning and management processes in place to meet consumer needs. Management advised monthly audits were conducted to maintain oversight of staff responsiveness to consumers’ calls for assistance, with results investigated and followed up as appropriate. Documentation, including the staff roster, demonstrated the service had access to an appropriate mix and number of staff to adequately fill shifts.

Consumers and representatives considered staff interacted with consumers in a way that supported their cultural background and identity. The service had a policy which outlined the commitment to deliver care in a way that recognised and supported each consumer’s individual characteristics and life experiences. Staff were observed interacting with consumers in a kind, caring, and respectful manner, and demonstrated knowledge of consumers’ individual needs and identity.

Management explained how recruitment processes maintained oversight of workforce qualifications and knowledge, by requiring staff to meet requirements set out in position descriptions. Human resource documentation confirmed staff held the appropriate qualifications and knowledge for their respective role, consistent with position descriptions.

Management explained staff received ongoing training and education, and were encouraged to upskill. Staff advised they received regular training covering various topics relevant to these standards, and were supported by management in their role. Documentation demonstrated monitoring processes were in place to track the completion of mandatory training, and that further education and training was provided to staff in relation to feedback or identified improvements.

Management and staff explained that they completed formal performance reviews every 12 months and during other times as needed, and feedback was also provided during daily interactions or staff competency checks. Documentation evidenced processes were in place to monitor the completion of performance reviews and address those overdue.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said consumers were engaged in the development, delivery, and evaluation of care and services. Management and staff described the various ways consumers were engaged and encouraged to provide input into care and services, such as consumer meetings, surveys, feedback, and complaints mechanisms. Documentation demonstrated consumers were engaged in evaluation processes to inform improvements to care and services.

Management described the various ways the governing body demonstrated accountability for the delivery of safe, inclusive, quality, care and services, for example, through clear organisational reporting lines and areas of responsibility. Management explained clinical indicators and other aspects relevant to service delivery were reviewed, with the results, trends, and pending actions reported and discussed at service level and board meetings. Management said the Board maintained oversight on changes to legislation, and updated organisational policies and procedures, and communicated changes through the organisational reporting lines. Documentation, such as meeting minutes reflected that the governing body maintained oversight of, and discussed matters relevant to these standards, consistent with management feedback.

Effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints were supported by clear organisational reporting structures, policies and procedures, committees and meetings. For example, the service had a continuous improvement plan that was in alingement with processes outlined in organisational policy. The plan included proposed and ongoing actions, relevance to these standards, completion date, and evaluation required.

Management and staff described the processes for identifying and managing high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management. The organisation had risk escalation processes in place, with policy outlining appropriate actions to identify, respond, and manage risks, and support consumers to live their best life. The service’s incident register and documentation evidenced incidents were responded to and reported in an appropriate manner to resolve concerns.

The organisation had a clinical governance framework which was supported by policies, procedures, service delivery practices, and staff training across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated knowledge of antimicrobial stewardship, minimising the use of restraint, and open disclosure. Documentation demonstrated the organisation maintained oversight of and reviewed clinical governance through reporting requirements and meetings.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)